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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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Rev. 12/2004

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NAME OF TYPE COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
CARMENS LIST			
ADDRESS (number and street) Check if different than previously reported. (ACC) CHECK IDENTIFICATION NUMBER CITY STATE ZIP CODE			
00.049371	3. IS 1 REF	THIS NEW OR (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(b) Monthly Report Due On: Mar 20 (c) 12-Day PRE-Election Report for the: Election (d) 30-Day POST-Election Report for the: Election	O (M3) Jun 20 (M6) (M4) Jul 20 (M7) Primary (12P) Convention (12C) on General (30G)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Oct 20 (M10) Jan 31 (YE) General (12G) Runoff (12R) Special (12S) Runoff (30R) Special (30S) in the State of
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer Date Date Date Date Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.			